	CLAIMS ONLY					Application Number 09/700890		Filing Date		

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1								51						
2								52						
3								53						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
Total Indep	3							Total Indep						
Total Depend	28							Total Depend						
Total Claims	31							Total Claims						